



# 2015 NPDES Multi-Sector General Permit For Stormwater Discharges Associated With Industrial Activity (MSGP) Forms

United States Environmental Protection Agency  
1200 Pennsylvania Ave, NW Washington, DC 20460

Note: This is a "smart form"; as you fill out the form, additional questions will appear that you will need to answer.

## Permit Information

1. What action would you like to take? \*

File a New Notice of Intent Form

Submission of this Notice of Intent (NOI) constitutes notice that the operator identified in the Facility Operator Information section of this form requests authorization to discharge pursuant to the NPDES Stormwater Multi-Sector General Permit (MSGP) permit number identified in the Permit Information section of this form. Submission of this NOI also constitutes notice that the operator identified in the Facility Operator Information section of this form meets the eligibility conditions of Part 1.1 of the MSGP for the facility identified in the Facility Information section of this form. To obtain authorization, you must submit a complete and accurate NOI form. Discharges are not authorized if your NOI is incomplete or inaccurate or if you were never eligible for permit coverage.

Operator Name (Organization Name) \*

PDA DIVISION OF PORTS AND HARBORS

Operator Name as Noted by the NOI Preparer

2. Select the state/territory where your facility is located \*

NH

3. Is your facility located on Indian Country lands? \*

☐ Yes

☒ No

4. Are you requesting coverage as a "federal operator" as defined in Appendix A? \*

☐ Yes

☒ No

5. Are you a new discharger or a new source as defined in Appendix A? \*

☐ Yes ☒ No

5a. Have stormwater discharges from your facility been covered previously under an NPDES permit? \*

☒ Yes ☐ No

5aa. Provide your most current NPDES ID (i.e., permit tracking number) if you had coverage under EPA's MSGP 2008 or the NPDES permit number if you had coverage under an EPA individual permit \*

NHR05BN24

6. Do you directly discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 3 water (Outstanding Natural Resource Water) (See Appendix L)? Your project will be considered to discharge to a Tier 3 water if the first water of the US to which you discharge is identified by a state, tribe, or EPA as a Tier 3 water. For discharges that enter a storm sewer system prior to discharge, the first water of the US to which you discharge is the waterbody that receives the stormwater discharge from the storm sewer system. \*

☐ Yes ☒ No

7. Does your facility directly discharge to a Federal CERCLA site listed in Appendix P? For the purposes of this permit, a permittee discharges to a Federal CERCLA site if the discharge flows directly into the site through its own conveyance, or through a conveyance owned by others, such as a municipal separate storm sewer system. \*

☐ Yes ☒ No

8. Has the Stormwater Pollution Prevention Plan (SWPPP) been prepared in advance of filing this NOI, as required? \*

☒ Yes ☐ No

9. By indicating "Yes", I confirm that I understand that the MSGP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges in Part 1.1.3. Any discharges not expressly authorized under the MSGP are not covered by the MSGP and they cannot become authorized by disclosure to EPA and/or a state via this Notice of Intent to be covered by the permit or by any other means (e.g., in the Stormwater Pollution Prevention Plan or during an inspection). If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under another NPDES permit. \*

☒ Yes ☐ No

10. Master Permit Number

NHR050000

#### A: Facility Operator Information

1. Operator Name (Organization Name) \*

PDA DIVISION OF PORTS AND HARBORS

2. Street \*

55 International Drive

3. Supplemental Address

4. City \*

Portsmouth

5. State \*

NH

6. Zip Code \*

03801

7. Facility County or Similar Govt. Subdivision \*

Rockingham

8. Phone (10-digits, No dashes) \*

6034368500

9. Extension

10. E-Mail \*

g.marconi@peasedev.org

Operator point of contact information

11. First Name \*

Geno

12. Middle Initial

J

13. Last Name \*

Marconi

14. Professional Title \*

Director

#### B: Facility Information

1. Facility Name \*

Market Street Marine Terminal

☐ Facility address same as facility operator address

2. Street/Location \*

555 Market Street

3. Supplemental Address

4. City \*

Portsmouth

5. State \*

NH

6. Zip Code \*

03801

7. Facility County or Similar Govt. Subdivision \*

Rockingham

Latitude/Longitude for the facility:

8. Latitude (Decimal Degrees) \*

+

43.0459

-

9. Longitude (Decimal Degrees) \*

70.4543

10. Latitude/Longitude Data Source \*

Other

11. Horizontal Reference Datum

WGS84

12. What is the ownership type of the facility \*

State Government

13. Estimated area of industrial activity at your facility exposed to stormwater (to the nearest quarter acre) \*

12.4

Identify the applicable sector and subsector of your primary industrial activity (See Appendix D) that best represents the products produced or services rendered for which your facility is primarily engaged, as defined in the MSGP, and the 4-digit Standard Industrial Classification (SIC) code or 2-letter Activity Code:

15. Sector \*

SECTOR Q: WATER TRANSPORTATION

16. Primary SIC Code \*

4491: Marine Cargo Handling

17. Subsector

Q1: Water Transportation Facilities

18. Identify the applicable sectors(s) of any co-located industrial activity for which you are requesting permit coverage.

Sector

Subsector

Add Sector

22. Is your facility presently inactive and unstaffed? \*

☐ Yes

☒ No

## C: Discharge Information

1. Does your facility discharge into any saltwater receiving waters? \*

☒ Yes

☐ No

### Outfalls

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

|                 |   |                                 |   |                                  |  |  |                |
|-----------------|---|---------------------------------|---|----------------------------------|--|--|----------------|
| A. Outfall ID * |   | B. Latitude (Decimal Degrees) * |   | C. Longitude (Decimal Degrees) * |  | Lookup Receiving Waters Information  | Delete Outfall |
| 006             | + | 43.0845                         | - | 70.7631                          |  | (This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect) |                |

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

Outfall Section

1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may edit the name of the water of the U.S. that was returned if incorrect.) \*

Piscataqua River

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? \*

☒ Yes ☐ No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

|                                  |                                  |                  |
|----------------------------------|----------------------------------|------------------|
| Cause Group *                    | Pollutant *                      | Delete Pollutant |
| POLYCHLORINATED BIPHENYLS (PCBS) | Polychlorinated biphenyls [PCBs] |                  |

Please select the cause group and pollutant for which the waterbody is impaired:

|               |             |                  |
|---------------|-------------|------------------|
| Cause Group * | Pollutant * | Delete Pollutant |
| DIOXINS       | Dioxin      |                  |

Please select the cause group and pollutant for which the waterbody is impaired:

|               |                        |                  |
|---------------|------------------------|------------------|
| Cause Group * | Pollutant *            | Delete Pollutant |
| MERCURY       | Mercury, total [as Hg] |                  |

Please select the cause group and pollutant for which the waterbody is impaired:

|               |             |                  |
|---------------|-------------|------------------|
| Cause Group * | Pollutant * | Delete Pollutant |
| PATHOGENS     | Enterococci |                  |

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? \*

☐ Yes ☒ No

Outfalls

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

A. Outfall ID \*

007

B. Latitude (Decimal Degrees) \*

+

43.0845

-

C. Longitude (Decimal Degrees) \*

70.7631

Lookup Receiving Waters Information

Delete Outfall

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

D. Substantially Identical to Any Outfalls Listed Above? \*

☒ Yes ☐ No

E. Substantially identical to outfall ID \*

006

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

#### Outfall Section

1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to.  
(You may edit the name of the water of the U.S. that was returned if incorrect.) \*

Piscataqua River

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? \*

☒ Yes ☐ No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

POLYCHLORINATED BIPHENYLS (PCBS)

Pollutant \*

Polychlorinated biphenyls [PCBs]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

DIOXINS

Pollutant \*

Dioxin

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

MERCURY

Pollutant \*

Mercury, total [as Hg]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

PATHOGENS

Pollutant \*

Enterococci

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? \*

☐ Yes ☒ No

#### Outfalls

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

|   |   |  |   |                                  |  |                                     |                |
|---|---|--|---|----------------------------------|--|-------------------------------------|----------------|
| A. Outfall ID *   |   | B. Latitude (Decimal Degrees) *            |   | C. Longitude (Decimal Degrees) * |  | Lookup Receiving Waters Information | Delete Outfall |
| 008   | + | 43.0845                                    | - | 70.7631                          | (This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect) |                                     |                |
| D. Substantially Identical to Any Outfalls Listed Above? *  |   | E. Substantially identical to outfall ID * |   |                                  |  |                                     |                |
| <input checked="" type="radio"/> Yes <input type="radio"/> No   |   | 006  |   |                                  |  |                                     |                |
| If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.   |   |  |   |                                  |  |                                     |                |
| Outfall Section   |   |  |   |                                  |  |                                     |                |
| 1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may edit the name of the water of the U.S. that was returned if incorrect.) * |   |  |   |                                  |  |                                     |                |
| Piscataqua River  |   |  |   |                                  |  |                                     |                |
| 2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *  |   |  |   |                                  |  |                                     |                |
| <input checked="" type="radio"/> Yes <input type="radio"/> No   |   |  |   |                                  |  |                                     |                |
| 4. List the pollutants that are causing the impairment:   |   |  |   |                                  |  |                                     |                |
| Please select the cause group and pollutant for which the waterbody is impaired:  |   |  |   |                                  |  |                                     |                |
| Cause Group *   |   | Pollutant *                                |   |                                  | Delete Pollutant   |                                     |                |
| POLYCHLORINATED BIPHENYLS (PCBS)  |   | Polychlorinated biphenyls [PCBs]           |   |                                  |  |                                     |                |
| Please select the cause group and pollutant for which the waterbody is impaired:  |   |  |   |                                  |  |                                     |                |
| Cause Group *   |   | Pollutant *                                |   |                                  | Delete Pollutant   |                                     |                |
| DIOXINS   |   | Dioxin                                     |   |                                  |  |                                     |                |
| Please select the cause group and pollutant for which the waterbody is impaired:  |   |  |   |                                  |  |                                     |                |
| Cause Group *   |   | Pollutant *                                |   |                                  | Delete Pollutant   |                                     |                |
| MERCURY   |   | Mercury, total [as Hg]                     |   |                                  |  |                                     |                |
| Please select the cause group and pollutant for which the waterbody is impaired:  |   |  |   |                                  |  |                                     |                |
| Cause Group *   |   | Pollutant *                                |   |                                  | Delete Pollutant   |                                     |                |
| PATHOGENS   |   | Enterococci                                |   |                                  |  |                                     |                |
| Add Impairment Pollutant Associated with this Waterbody   |   |  |   |                                  |  |                                     |                |
| 3. Has a TMDL been completed for this receiving waterbody? *  |   |  |   |                                  |  |                                     |                |
| <input type="radio"/> Yes <input checked="" type="radio"/> No   |   |  |   |                                  |  |                                     |                |
| Outfalls  |   |  |   |                                  |  |                                     |                |
| 4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.            |   |  |   |                                  |  |                                     |                |

|   |   |  |   |                                      |  |  |
|---|---|--|---|--------------------------------------|--|--|
| A. Outfall ID *   |   | B. Latitude (Decimal Degrees) *            |   | C. Longitude (Decimal Degrees) *     |  |  |
| <input type="text" value="009"/>  | <input style="width: 20px;" type="text" value="+"/> | <input type="text" value="43.0845"/>       | <input style="width: 20px;" type="text" value="-"/> | <input type="text" value="70.7631"/> | <div style="background-color: #d3d3d3; padding: 5px; text-align: center;"> <b>Lookup Receiving Waters Information</b> </div> <small>(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)</small> |  |
| <div style="background-color: #d3d3d3; padding: 5px; text-align: center;"> <b>Delete Outfall</b> </div> |   |  |   |                                      |  |  |
| D. Substantially Identical to Any Outfalls Listed Above? *  |   | E. Substantially identical to outfall ID * |   |                                      |  |  |
| <input checked="" type="radio"/> Yes <input type="radio"/> No   |   | <input type="text" value="006"/>           |   |                                      |  |  |

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

**Outfall Section**

1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. (You may edit the name of the water of the U.S. that was returned if incorrect.) \*

Piscataqua River

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? \*

☒ Yes    ☐ No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

|   |   |  |
|---|---|--|
| Cause Group *   | Pollutant *   |  |
| <input type="text" value="POLYCHLORINATED BIPHENYLS (PCBS)"/> | <input type="text" value="Polychlorinated biphenyls [PCBs]"/> | <div style="background-color: #d3d3d3; padding: 5px; text-align: center;">Delete Pollutant</div> |

Please select the cause group and pollutant for which the waterbody is impaired:

|                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| Cause Group *                        | Pollutant *                         |  |
| <input type="text" value="DIOXINS"/> | <input type="text" value="Dioxin"/> | <div style="background-color: #d3d3d3; padding: 5px; text-align: center;">Delete Pollutant</div> |

Please select the cause group and pollutant for which the waterbody is impaired:

|                                      |   |  |
|--------------------------------------|---|--|
| Cause Group *                        | Pollutant *   |  |
| <input type="text" value="MERCURY"/> | <input type="text" value="Mercury, total [as Hg]"/> | <div style="background-color: #d3d3d3; padding: 5px; text-align: center;">Delete Pollutant</div> |

Please select the cause group and pollutant for which the waterbody is impaired:

|  |  |  |
|--|--|--|
| Cause Group *                          | Pollutant *                              |  |
| <input type="text" value="PATHOGENS"/> | <input type="text" value="Enterococci"/> | <div style="background-color: #d3d3d3; padding: 5px; text-align: center;">Delete Pollutant</div> |

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? \*

☐ Yes    ☒ No

**Outfalls**

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.

A. Outfall ID \*

010

+

B. Latitude (Decimal Degrees) \*

43.0839

-

C. Longitude (Decimal Degrees) \*

70.7614

Lookup Receiving Waters Information

Delete Outfall

(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)

D. Substantially Identical to Any Outfalls Listed Above? \*

☐

Yes

☒

No

If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.

#### Outfall Section

1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to.  
(You may edit the name of the water of the U.S. that was returned if incorrect.) \*

Piscataqua River

2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? \*

☒

Yes

☐

No

4. List the pollutants that are causing the impairment:

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

POLYCHLORINATED BIPHENYLS (PCBS)

Pollutant \*

Polychlorinated biphenyls [PCBs]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

DIOXINS

Pollutant \*

Dioxin

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

MERCURY

Pollutant \*

Mercury, total [as Hg]

Delete Pollutant

Please select the cause group and pollutant for which the waterbody is impaired:

Cause Group \*

PATHOGENS

Pollutant \*

Enterococci

Delete Pollutant

Add Impairment Pollutant Associated with this Waterbody

3. Has a TMDL been completed for this receiving waterbody? \*

☐

Yes

☒

No

#### Outfalls

4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.



|   |   |  |   |   |  |
|---|---|--|---|---|--|
| A. Outfall ID *   |   | B. Latitude (Decimal Degrees) *  |   | C. Longitude (Decimal Degrees) *  | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Lookup Receiving Waters Information</b> </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> Delete Outfall </div> |
| <div style="border: 1px solid black; padding: 2px;">011</div>   | + | <div style="border: 1px solid black; padding: 2px;">43.0832</div>                          | - | <div style="border: 1px solid black; padding: 2px;">70.7606</div>                                 | <small>(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)</small>  |
| D. Substantially Identical to Any Outfalls Listed Above? * <div style="display: flex; align-items: center;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </div>   |   |  |   |   |  |
| If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.   |   |  |   |   |  |
| <b>Outfall Section</b>  |   |  |   |   |  |
| 1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to.<br><small>(You may edit the name of the water of the U.S. that was returned if incorrect.) *</small> |   |  |   |   |  |
| <div style="border: 1px solid black; padding: 5px;">Piscataqua River</div>  |   |  |   |   |  |
| 2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? * <div style="display: flex; align-items: center;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>   |   |  |   |   |  |
| 4. List the pollutants that are causing the impairment:   |   |  |   |   |  |
| Please select the cause group and pollutant for which the waterbody is impaired:  |   |  |   |   |  |
| Cause Group *   |   | Pollutant *  |   | <div style="border: 1px solid black; padding: 5px; display: inline-block;">Delete Pollutant</div> |  |
| <div style="border: 1px solid black; padding: 2px;">POLYCHLORINATED BIPHENYLS (PCBS)</div>  |   | <div style="border: 1px solid black; padding: 2px;">Polychlorinated biphenyls [PCBs]</div> |   |   |  |
| Please select the cause group and pollutant for which the waterbody is impaired:  |   |  |   |   |  |
| Cause Group *   |   | Pollutant *  |   | <div style="border: 1px solid black; padding: 5px; display: inline-block;">Delete Pollutant</div> |  |
| <div style="border: 1px solid black; padding: 2px;">DIOXINS</div>   |   | <div style="border: 1px solid black; padding: 2px;">Dioxin</div>                           |   |   |  |
| Please select the cause group and pollutant for which the waterbody is impaired:  |   |  |   |   |  |
| Cause Group *   |   | Pollutant *  |   | <div style="border: 1px solid black; padding: 5px; display: inline-block;">Delete Pollutant</div> |  |
| <div style="border: 1px solid black; padding: 2px;">MERCURY</div>   |   | <div style="border: 1px solid black; padding: 2px;">Mercury, total [as Hg]</div>           |   |   |  |
| Please select the cause group and pollutant for which the waterbody is impaired:  |   |  |   |   |  |
| Cause Group *   |   | Pollutant *  |   | <div style="border: 1px solid black; padding: 5px; display: inline-block;">Delete Pollutant</div> |  |
| <div style="border: 1px solid black; padding: 2px;">PATHOGENS</div>   |   | <div style="border: 1px solid black; padding: 2px;">Enterococci</div>                      |   |   |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 300px;">Add Impairment Pollutant Associated with this Waterbody</div>  |   |  |   |   |  |
| 3. Has a TMDL been completed for this receiving waterbody? * <div style="display: flex; align-items: center;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </div>   |   |  |   |   |  |
| <b>Outfalls</b>   |   |  |   |   |  |
| 4. List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each outfall.                              |   |  |   |   |  |

|  |   |                                  |   |                                  |  |                                     |                |
|--|---|----------------------------------|---|----------------------------------|--|-------------------------------------|----------------|
| A. Outfall ID *  |   | B. Latitude (Decimal Degrees) *  |   | C. Longitude (Decimal Degrees) * |  | Lookup Receiving Waters Information | Delete Outfall |
| 012  | + | 43.0812                          | - | 70.7606                          | (This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect) |                                     |                |
| D. Substantially Identical to Any Outfalls Listed Above? *   |   |                                  |   |                                  |  |                                     |                |
| <input type="radio"/> Yes <input checked="" type="radio"/> No  |   |                                  |   |                                  |  |                                     |                |
| If for any reason the Lookup Receiving Water Information button does not prepopulate your form with receiving waters information, you must manually enter the information on your form.  |   |                                  |   |                                  |  |                                     |                |
| Outfall Section  |   |                                  |   |                                  |  |                                     |                |
| 1. Provide the name of the first water of the U.S that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to.<br>(You may edit the name of the water of the U.S. that was returned if incorrect.) * |   |                                  |   |                                  |  |                                     |                |
| Piscataqua River   |   |                                  |   |                                  |  |                                     |                |
| 2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? *   |   |                                  |   |                                  |  |                                     |                |
| <input checked="" type="radio"/> Yes <input type="radio"/> No  |   |                                  |   |                                  |  |                                     |                |
| 4. List the pollutants that are causing the impairment:  |   |                                  |   |                                  |  |                                     |                |
| Please select the cause group and pollutant for which the waterbody is impaired:   |   |                                  |   |                                  |  |                                     |                |
| Cause Group *  |   | Pollutant *                      |   | Delete Pollutant                 |  |                                     |                |
| POLYCHLORINATED BIPHENYLS (PCBS)   |   | Polychlorinated biphenyls [PCBs] |   |                                  |  |                                     |                |
| Please select the cause group and pollutant for which the waterbody is impaired:   |   |                                  |   |                                  |  |                                     |                |
| Cause Group *  |   | Pollutant *                      |   | Delete Pollutant                 |  |                                     |                |
| DIOXINS  |   | Dioxin                           |   |                                  |  |                                     |                |
| Please select the cause group and pollutant for which the waterbody is impaired:   |   |                                  |   |                                  |  |                                     |                |
| Cause Group *  |   | Pollutant *                      |   | Delete Pollutant                 |  |                                     |                |
| MERCURY  |   | Mercury, total [as Hg]           |   |                                  |  |                                     |                |
| Please select the cause group and pollutant for which the waterbody is impaired:   |   |                                  |   |                                  |  |                                     |                |
| Cause Group *  |   | Pollutant *                      |   | Delete Pollutant                 |  |                                     |                |
| PATHOGENS  |   | Enterococci                      |   |                                  |  |                                     |                |
| Add Impairment Pollutant Associated with this Waterbody  |   |                                  |   |                                  |  |                                     |                |
| 3. Has a TMDL been completed for this receiving waterbody? *   |   |                                  |   |                                  |  |                                     |                |
| <input type="radio"/> Yes <input checked="" type="radio"/> No  |   |                                  |   |                                  |  |                                     |                |
| Add Another Outfall  |   |                                  |   |                                  |  |                                     |                |

Provide the following information about your outfall latitude longitude.

5. Latitude/Longitude Data Source \*

Other

6. Horizontal Reference Datum

WGS84

7. Does your facility discharge into a Municipal Separate Storm Sewer System (MS4)? \*

☐ Yes

☒ No

8. Do you discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 2 (or Tier 2.5) water (water quality exceeds levels necessary to support propagation of fish, shellfish, and wildlife and recreation in and on the water) (See Appendix L)? \*

☐ Yes

☒ No

#### D: Stormwater Pollution Prevention Plan (SWPPP) Information

##### SWPPP Contact Information

1. First Name \*

Geno

2. Middle Initial

J

3. Last Name \*

Marconi

4. Professional Title \*

Director

5. Phone (10-digits, No dashes) \*

6034368500

6. Extension

7. E-Mail \*

g.marconi@peasedev.org

8. Your current SWPPP or certain information from your SWPPP must be made available through one of the following two options. Select one of the options and provide the required information. \*

**Note: You are not required to post any confidential business information (CBI) or restricted information (as defined in Appendix A) (such information may be redacted), but you must clearly identify those portions of the SWPPP that are being withheld from public access.**

☒ Option 1: Maintain a Current Copy of your SWPPP on an Internet page (Universal Resource Locator or URL).

Provide the web address URL \*

http://portofnh.org/

☐ Option 2: Provide the following information from your SWPPP.

#### E: Endangered Species Protection

1. Using the instructions in Appendix E of the MSGP, under which endangered species criterion listed in Part 1.1.4.5 are you eligible for coverage under this permit? \*

Criterion C – Discharges and discharge-related activities are not likely to adversely affect listed species and critical habitat

2. Provide a brief summary of the basis for the criterion selected in Appendix E (e.g., communication with U.S. Fish and Wildlife Service or National Marine Fisheries Service to determine no species in action area; implementation of controls approved by EPA and the Services). \*

Criterion C was selected based upon the identification of threatened or endangered species by USFWS and NOAA within the action area at the Market Street Marine Terminal.

a. What federally-listed species or federally-designated critical habitat are located in your "action area." \*

Shortnose Sturgeon

Atlantic Sturgeon

b. Using the Criterion C Eligibility Form, check which of the following is applicable to your facility and answer any corresponding questions. \*

- ☐ I submitted my completed Criterion C Eligibility Form to EPA at least 30 days prior to submitting this NOI and agree to implement any controls that were determined by EPA to be necessary to ensure that my discharges and/or discharge-related activities will have no likely adverse affects on listed species and critical habitat.
- ☒ I submitted my completed Criterion C Eligibility Form to EPA at least 30 days prior to submitting this NOI and have not been notified of any additional controls necessary to ensure no likely adverse affects on listed species and critical habitat.

Date your Criterion C Eligibility Form was sent to EPA (in DD/MM/YYYY format) \*

29 Jul 2015

\* Note: After you submit your NOI and before your NOI is authorized, EPA may notify you if any additional controls are necessary to ensure your discharges have no likely adverse affects on listed species and critical habitat.

#### F: Historic Preservation

1. If your facility is not located in Indian country lands, is your facility located on a property of religious or cultural significance to an Indian tribe? \*

☐ Yes ☒ No

2. Using the instructions in Appendix F of the MSGP, under which historic properties preservation criterion listed in Part 1.1.4.7 are you eligible for coverage under this permit \*

Criterion A - No subsurface stormwater controls

#### Certification Information

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. 40 CFR 122.22 (d)